

Try home delivery from OptumRx.

With OptumRx®, your copay could be as low as \$0¹ for many medications.

How it works.

- 1 Order up to a 3-month supply** of your maintenance medications — ones you take regularly — from OptumRx.
- 2 OptumRx fills your order**, and sends it to you.
- 3 Your medication arrives** within 4 to 7 days.

Four easy ways to set up home delivery:

ePrescribe. Ask your doctor to send an electronic prescription to OptumRx.

Online. Log in to **optumrx.com** and follow the instructions.




Phone. Call OptumRx anytime at **1-888-658-0539**, TTY **711**.

Customer Service can help you get started.

Mail. Complete this order form and mail it to:

OptumRx, P.O. Box 2975, Mission, KS 66201.

The benefits of home delivery.

-  Save a trip to the pharmacy.
-  Talk to a pharmacist when you have medication questions.
-  Set up medication reminders.



1 \$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

You are not required to use OptumRx home delivery for a <90-/100->day day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. Refill orders should arrive in about four business days and new prescriptions should arrive within seven business days from the date OptumRx® receives the completed order. Contact OptumRx anytime at **1-888-658-0539**, TTY **711**.

Plans are insured or covered by a Medicare Advantage organization with a Medicare contract and/or a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número que aparece en la parte de atrás de su tarjeta de ID de miembro.* 請注意：如果您說中文，我們免費為您提供語言協助服務。請撥打會員卡背面的電話號碼。

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, UnitedHealthcare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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<CMS number>

NEW PRESCRIPTION MAIL-IN ORDER FORM

1 Member and physician information — please use black or blue ink. One form per member.

Member ID Number		
(Additional coverage, if applicable) Secondary Member ID Number		
Last Name	First Name	MI
Delivery Address		Apt. #
City	State	ZIP
Phone Number with Area Code		
Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F	Email
Physician Name		
Physician Phone Number with Area Code		

2 Health history

Medication Allergies:

<input type="radio"/> Aspirin	<input type="radio"/> Erythromycin	<input type="radio"/> Quinolones	<input type="radio"/> Others:
<input type="radio"/> None known	<input type="radio"/> Cephalosporins	<input type="radio"/> NSAIDs	<input type="radio"/> Sulfa
<input type="radio"/> Amoxicil/Ampicillin	<input type="radio"/> Codeine	<input type="radio"/> Penicillin	<input type="radio"/> Tetracyclines

Health Conditions:

<input type="radio"/> Asthma	<input type="radio"/> Glaucoma	<input type="radio"/> High cholesterol	<input type="radio"/> Others:
<input type="radio"/> None known	<input type="radio"/> Cancer	<input type="radio"/> Heart condition	<input type="radio"/> Osteoporosis
<input type="radio"/> Arthritis	<input type="radio"/> Diabetes	<input type="radio"/> High blood pressure	<input type="radio"/> Thyroid Disease

Over-the-counter/herbal medications taken regularly:

3 Payment and shipping information — do not send cash

Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.

You may log on to optumrx.com to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

<input type="radio"/> Ship overnight. Add \$12.50 to order amount (subject to change). <input type="radio"/> Check enclosed. All checks must be signed and made payable to: OptumRx. <input type="radio"/> Charge to my credit card on file. <input type="radio"/> Charge to my NEW credit card.	<p style="text-align: center;">New Credit Card Number</p> <div style="border: 1px dashed black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: center;">Expiration Date (Month/Year)</p> <div style="border: 1px dashed black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: right;"> <input type="radio"/> Visa, MasterCard, AMEX and Discover are accepted. </p>
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Signature: _____ **Date:** _____

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize OptumRx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

4 Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 2975, Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

